

2817

This space to be left blank  
for the Chelsea Number.

Army Form B. 268A.

73570

# TERRITORIAL FORCE.

## Proceedings on Discharge during the period of Embodiment.

(When forwarded for confirmation these proceedings should be accompanied by the documents  
specified on the 4th page.)

No. <u>2972</u>	Rank <u>Pte.</u>
Name <u>James Hall</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps of Territorial Force <u>13th London Regt. (105th Prov Battn.)</u>	
Battalion, Battery, Company, Depot, &c.	
Date of discharge <u>10th April 1916.</u>	
Place of discharge <u>London</u>	
1. Description at the time of Discharge.	
Age <u>22</u> years <u>11</u> months	Descriptive marks. <u>Nil</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measure- ment { girth when fully expanded <u>35</u> ins. range of expansion <u>2</u> ins.	
Complexion <u>Dark</u>	
Eyes <u>Dark Brown</u>	
Hair <u>Black</u>	
Trade <u>Law Student</u>	
Intended place of residence (To be given as fully as practicable) <u>12. Munster Road. Cricklewood N.W.</u>	
(This description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Para 392 (xvi) K.R.</u> <u>no longer fit physically for War Service</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military Character:— <u>Good</u>	
To be filled in on the soldier quitting the Colours.	4. Character awarded in accordance with King's Regulations:— <u>He has always shown himself to be honest sober and trustworthy, and never with a perfect, clean conduct sheet.</u>
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067. <u>C. J. M. D. S. 1916</u> Initials of Commanding Officer.	

(1745)-W8480-1144-11/14-C & Co. (S.W.) Sch. 11\*

Forms  
B. 268A.

[OVER.]



RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*Subject to settlement of pay and  
allowances and gratuity on discharge*

*W. Hall.*



Original

T. M. B. (E)

Army Form B. 179.

# Medical Report on an Invalid.

Station Wimbledon

Date Feb. 29<sup>th</sup> 1916

- |                   |                       |                                 |                                  |
|-------------------|-----------------------|---------------------------------|----------------------------------|
| 1. Unit           | <u>105 Prov. Batt</u> | 5. Age last birthday            | <u>22</u>                        |
| 2. Regimental No. | <u>2972</u>           | 6. Enlisted { on                | <u>Sept. 2<sup>nd</sup> 1914</u> |
| 3. Rank           | <u>Pte</u>            | { at                            | <u>Kimington</u>                 |
| 4. Name           | <u>Hall J. M.</u>     | 7. Former Trade or Occupation { | <u>Law Student</u>               |

## 8. Disability.

Hypertrophic fingervitis.  
Neuras Natica

## Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. In Infancy
10. Place of origin of disability. Hong Kong
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Patient states that he is the son of Chinese Parents: Has always suffered from delicate health. From early age has been ill and very weak. Has had treatment for last 9 mths - at home on sick leave under specialist - then at Millbank (Queen Alexandra Military Hsptl.) for 7 or 8 weeks at Royal Dental Hospital Leicester Square. No improvement has resulted.
12. (a) Give your opinion as to the causation of the disability. Uncertain
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).
- Not due to active service, climate or ordinary military service but aggravated by ordinary military service.



13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Teeth there is weakness resulting from defective mastication.  
Patient suffers from Constipation & headache. ~~†~~  
Gums very tender, spongy bleed very readily.  
Dyspepsia -  
Is unable to do his work & cannot masticate Camp food.*

14. If the disability is an injury, was it caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

*not applicable.*

15. Was a Court of Inquiry held on the injury ?

- If so—(a) When ?
- (b) Where ?
- (c) Opinion ?

*not applicable.*

16. Was an operation performed ? If so, what ?

*Several operations on gums.*

17. If not, was an operation advised and declined ?

*no*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

*not applicable.*

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England ?

*Discharge as permanently unfit.*

*Albert Ehrmann Major R.A.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Wentworth Hospital Officer in charge of Hospital.

Date 10/10/1914

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



### Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

no

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

✓

21. Has the disability been aggravated by

no

(a) Intemperance?

no

(b) Misconduct?

✓

(c) Any of the conditions mentioned in question 20, and if so, which?

yes

22. Is the disability permanent?

✓

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not lessened by Service

In defining the extent of his inability to earn a livelihood, estimate it at 1, 2, 3, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

no

25. If an operation was advised and declined, was the refusal unreasonable?

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

yes

(b) Change to England?

Signatures:—

*V. Tadd* President.

Station *London*

*A. P. Williams* CAPT. R.A.M.C.T. Members.

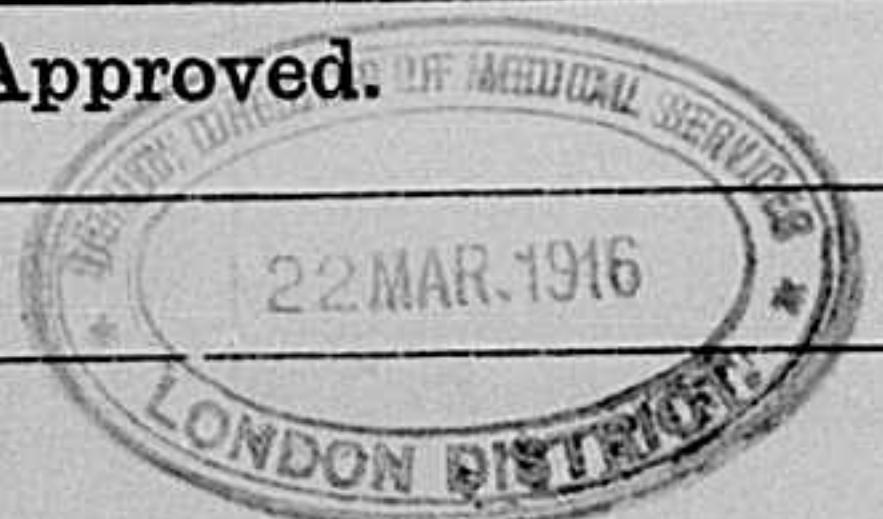
Date *22-3-16*

Approved.

Station

*V. Tadd* COLONEL.  
J. D. M. S. LONDON DISTRICT.  
Administrative Medical Officer.

Date





Corps	Unit	Promotions, Reductions, Casualties, &c.	Rank	From	To	Signature of Officers certifying correctness of Entries
-------	------	--	------	------	----	---

$$\frac{2}{1/2}$$

## CHARACTER

Good

The discharge of the above-named man is hereby approved.

Signature *H. H. H. H. H.* COL.

1/C TERRITORIAL FORCE RECORD OFFICE,  
LONDON.

† In the case of Annual Training it will be sufficient to state if "Present," or "Absent" and the year.



The Entries on this page only require to be made from time to time as they occur.

No. 2972 Name James Hall

MILITARY HISTORY SHEET.

1. Service.

Place	From	To	Years	Days
<u>Home</u>	<u>2-9-14</u>	<u>10. 4. 16.</u>	<u>1</u>	<u>222.</u> ✓
			<u>1</u>	<u>222.</u> ✓

2. Passed classes of Instruction† † This includes any authorised class of instruction		Initials of Officer making the entry
3. Campaigns (including actions) medals and decorations ...	<u>Home 2-9-14 to 10. 4. 16.</u>	<u>B.H.</u>
4. Wounded ...		
5. Effects of wounds		
6. Special instances of gallant conduct and mentions in public despatches ...		
7. Annuities ...		
8. Injuries in or by the Service ...		
9. Name and address of next of kin ... <u>Father</u> <u>Bob E</u>	<u>B.H. Hall</u> <u>Hong Kong</u>	<u>Father - Stephen Hall.</u> <u>18 Caine Rd.</u> <u>Hong Kong.</u>



Description of James Hall on Enlistment.

### MEDICAL INSPECTION REPORT.

(Applicable to all ranks.)

Name James Hall

Apparent age 21 years 4 months.

Height 5 feet 5 inches.

\*Chest measurement { Girth when fully expanded 34 inches.  
Range of expansion 37 inches.

Vision Good

Physical development Good

\* Chest measurement will be obtained by adjusting the tape so that its posterior upper edge touches the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples, while the arms hang loosely by the side.

#### Certificate of Medical Examination.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; he does not suffer from hernia; and declares that he is not subject to fits of any description.

I consider him fit for the Territorial Force.

Date Sept 2nd 1914.

Place Wensington

J.W. Browne  
Medical Officer.

\* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing certificate only in the case of those who have been attested and will briefly state below the cause of unfitness.

#### Certificate of Primary Military Examination.

I hereby certify that the above-named Recruit was inspected by me, and I consider him fit for service in the 13<sup>th</sup> Batta and that due care has been exercised in his enlistment.

Date Sept 2nd 1914.

Place Wensington

George H. Leigh  
2<sup>nd</sup> Lieut. } Recruiting Officer.

\* Insert here "fit" or "unfit."

† Insert the "Regiment" or "Corps."

#### \* Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 13<sup>th</sup> Batta.

If enlisted by special authority, Army Form B. 203 (or other authority for the enlistment) will be attached to the original attestation.

Date Sept 2nd 1914.

Place Wensington

George H. Leigh  
2<sup>nd</sup> Lieut. } Approving Officer.

\* The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
† Here insert the "Corps" for which the Recruit has been enlisted.



Army Form. Z.69.

Form of receipt to accompany documents and Statement as to Disability  
(A.F.Z.22) (see para.3024 Demobilization Regulations) ~~Record Office,~~  
London.

Received from Officer i/c Records. \_\_\_\_\_

the documents of Regt.No. 2972 Rank Pa.

Names in Full (surname first) HALL J.

Unit & Corps 13TH LONDON REGT

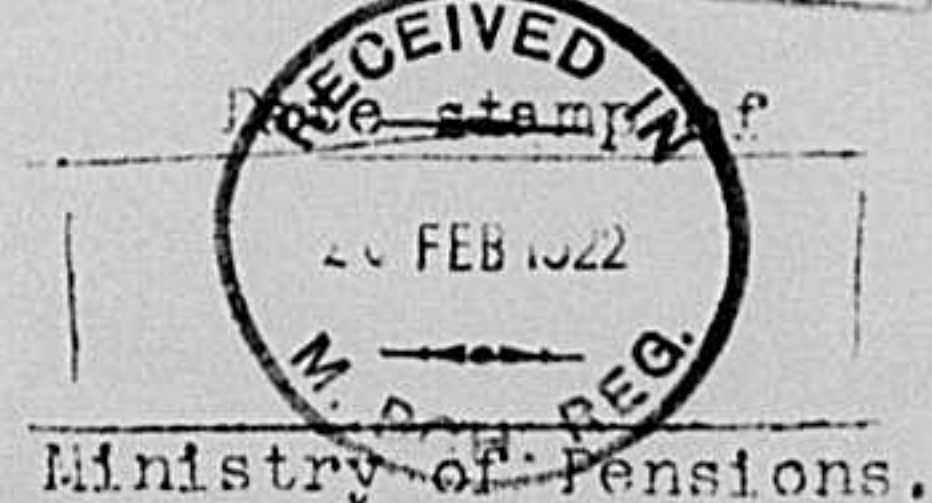
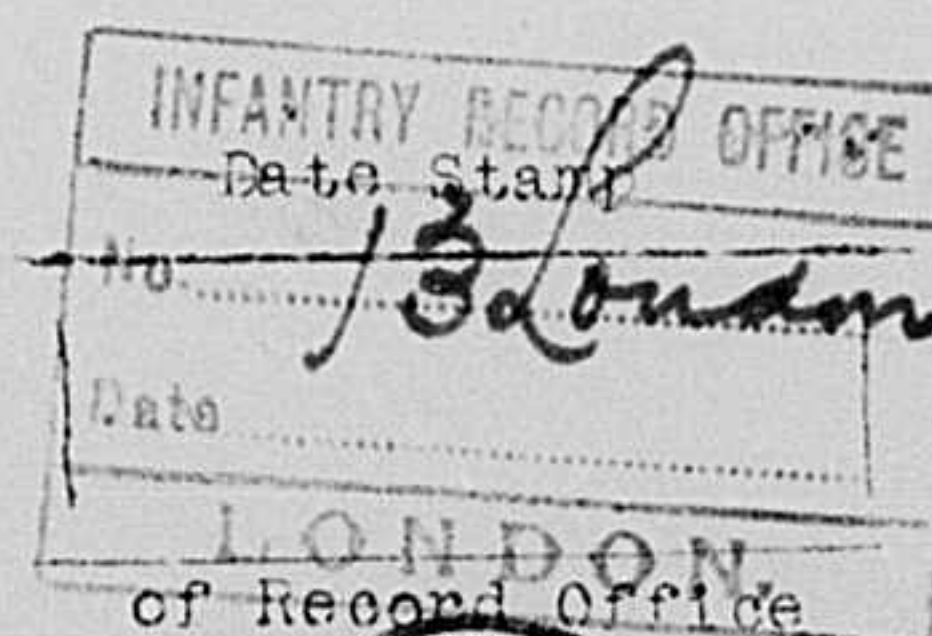
Temporary A.F.B.103 only forwarded

(strike out this portion if not applicable)

A.F.B. 268. 200. 179. 178 D400.

1. The Officer i/c Records will complete the above particulars, and will stamp the form with the Record Office date stamp with the date on which the documents were despatched. This stamp will take the place of any signature.

2. The Ministry of Pensions will affix the date stamp of that Ministry as a receipt for the documents, and return the form to Officer i/c Records.





Board,

RECEIVED BY  
15 MAY 1916

SIR,

I am directed by the Lords and others, Commissioners of this Hospital, to inform you of the undermentioned decisions in the cases of Men whose discharge Documents have been recently received with the view of having the claims to pensions considered.

I have the honour to be,

SIR,

Yours obedient Servant,

To

### The Officer Commanding

London

Regiment. 13<sup>th</sup> Bn 105 Prov Bn G. F. Assistant Secretary.

Assistant Secretary.

Corps.	Rank.	Name and Regimental Number.	Allowances for Children.	Decision. Weekly Pension
London 13th Bn 5 Prov. Bn J.F.	Plt	James Malcolm Hall 2972		Rejected

(2040). Wt. 50,342—84. 5000. 3/15. Gp.132. A &E.W.  
(7040). „ 33,595—66. 20,000. (2). 11/15. „ „



B. Cay.

392 SVI

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Hall Christian Name J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ...

Examined ... { on ... day of ... 191 ,  
at ...

Declared Age ... years ... days.

Trade or Occupation ...

Height ... feet ... inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded ... inches.  
Range of Expansion ... inches.

Physical Development ...

Vaccination Marks { Arm ... Right ... Left ...  
Number ...

When Vaccinated ...

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) ...  
(Rank) ...

Medical Officer.

Enlisted ... { at Kensington  
on ... day of ... 191 .

Joined on Enlistment ...

Transferred to ...

Became non-effective by ...

on ... day of ... 191 .

(Signature) ...  
(Rank) ...



[illegible][illegible]



